

ASS. REC. BY:

Taufik

REF:

CS3/ASM2100908/Tinc

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **GBD 1571S**at Workshop m/s **H S AUTOMOTIVE**

of \_\_\_\_\_

Insured: **SHA 4093E**

Policy No. \_\_\_\_\_

Claims No. **S1M03GLX**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

Bal. or Market Value: **\$36K.**

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: **7** days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

-wp- PRS

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No:

**GBD1571S**

Yr Regn:

**2014, July**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

**Toyota Dyna 150**

c.c.

**2982**

Colour

**8/ner**

A/C:

Insured / Std / NI / NA

Sp. Reading

**123492**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

**STF47355X-OK203078**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: **NB** / S/Rim / STD A/Rim or

Tyre Size:

F:

**195/75R15**

R:

**155/R12**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

**Linam.**

Front

Rear

R/Bal.

**6**

mm

R/Bal.

**6/6**

mm

L/Bal.

**6**

mm

L/Bal.

**6/6**

mm

D.O.A.

D.O.I.

**31/8/21 @ 5:45pm**

Survey held at

**HS Auto.**Des. of Damages: Frt / Rear **O/S** / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**Repair Range: \$4000-\$6000, 7 days****6/9/2021 Submit PRS.**

Date/Time, File Pass to?

☐

: Prelim. Report

1) **6/9 TYPIST**☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: **7**

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

\_\_\_\_ \$ + RS \_\_\_\_ \$

Photos

Others

TOTAL

Report Format: **SMART CLAIM - PRS**

Lump Sum / L.B.H. (\$ \_\_\_\_\_)